

Materials Order Form

Commonwealth of Virginia Health Benefits Program

Revised November 2004

Please destroy all prior forms

Member Handbooks (including Notification of Changes)		Quantity
T20338	COVA Care	
T20078	Medicare Advantage 65	
T20084	Medicare Dental/Vision	
Provider Directory/Forms		
T20391	Anthem Medical Directory	
110602	Anthem Claim Form	
T20335	Enrollment Form - Active Employees	
T20428	Enrollment Form - Retirees	
T20336	Enrollment Form - Extended Coverage	
T20393	About Your Benefits Booklet	
T20394	Flexible Benefits July 1, 2004 Insert	
D12348	Flexible Benefits 2004 Sourcebook	
D12345	Eligibility Rules - Available on DHRM Web site	
D12346	Extended Coverage (COBRA) Rules - Available on DHRM Web site	

- To order **ValueOptions** materials, call 1-866-725-0602.
You may also fax a request to 919-941-5242, Attn: Account Services.
- To order **Delta Dental Plan of Virginia** materials, call Terri Green at 1-800-237-6060 x 3370.
- To order **Medco Health** prescription drug forms below, call 1-800-316-9182:
Medco Home Delivery Order Form (BW270)
Medco Health Assessment Questionnaire (CMWPRF)
Medco Prescription Drug Claim Form (C1001)

PLEASE PRINT OR TYPE

DATE _____

Agency/Sub-Agency Number ____/____ Telephone (____) _____

Name (Person Requesting Materials) _____

Agency Name _____

Shipping Address (Do Not Use P.O. Box*) _____

*ORDERS CANNOT BE DELIVERED TO P.O. BOX ADDRESS.

City _____ VA ZIP _____

FAX ORDER FORM TO: (804) 780-0198

For questions about materials ordered on this form, call (804) 354-3904.

Most items, including this order form, are available
on the Web at: www.dhrm.virginia.gov/compandbenefits.html